PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100114946

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(.9		*	1.		RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		4.00	ER E TRA		BASIC FEE		OR	BASIC FEE	740.00
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		• 4	49		X\$ 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS	7 minus 3 = * Lf					X42=		OR	X84=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					Ţ OT AL		OR	TÖTAL	
CLAIMS AS AMENDED - PART II										1	OTHER	
		(Column 1) CLAIMS		(Colur		(Column 3)	1 .	SMALL		OR I	SMALL	
AMENDMENT A	()	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT E×TRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 26	Minus	- 6	9	=		X\$ 9=		OR	X\$18=	
	Independent	* 4 ENTATION OF MI	Minus	*** /	CL AIM	=		X42=		OR	X84=	-
	THOTPHESE	INTATION OF 181	DETIFEE DE	CINDEIN	CLAN		,	+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colur	mn 21	(Column 3)		ADDIT. FEE		J~	ADDIT. FEE	
	1.5	CLAIMS	7845 PE	HIGH		(Column 3)	1 г		ADDI	1 1		4001
AMENDMENT B	her was a	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	CL AIM]=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY							J	+140=	·	OR	+280=	
	0	DEO! 4			<i>31 1</i>		-	TOTAL ADDIT, FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	\int	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7 5.55
	Independent	*	Minus	***		=	jt	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						」			OR	7.04-	
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20 enter "20." ***If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT FEE	
		nber Previously Pai					er foui	nd in the app	ropriate box	ın çol	umn 1.	